

NOV 23 2005

## SECTION 11

### 510(k) Summary of Safety and Effectiveness

Sponsor: Siemens Medical Solutions USA, Inc., Ultrasound Division  
1230 Shorebird Way  
P.O. Box 7393  
Mountain View, California 94039-7393

Contact Person: Iskra Mraković  
Manager, Regulatory Affairs  
Telephone: (650) 694-5004  
Fax: (650) 943-7053

Submission Date: October 13, 2005

Device Name: SONOLINE G60 S™ Ultrasound System

Common Name: Diagnostic Ultrasound System with Accessories

Classification:

Regulatory Class: II

Review Category: Tier II

Classification Panel: Radiology

21 CFR 892.1550

	<u>FR #</u>	<u>Product Code</u>
Ultrasonic Pulsed Doppler Imaging System	892.1550	90-IYN
Ultrasonic Pulsed Echo Imaging System	892.1560	90-IYO
Diagnostic Ultrasound Transducer	892.1570	90-ITX

Predicate Device(s):

- # K040060 (January 28, 2004), cleared as SONOLINE G50™ and SONOLINE G60™ Diagnostic Ultrasound Systems.
- # K042833 (October 27, 2004), cleared as SONOLINE G20™ Diagnostic Ultrasound System.
- # K043016 (November 16, 2004), cleared as SONOLINE Orchid™ Diagnostic Ultrasound System.
- # K050240 (March 9, 2005), cleared as ACUSO CV70™ Cardiovascular System.

Device Description:

The G60S system is a multi-purpose diagnostic ultrasound system with accessories and proprietary software, and is substantially equivalent to our current products that are already cleared for USA distribution under the following 510(k) PreMarket Notification number:

- # K040060 (January 28, 2004) cleared as SONOLINE G50™ and SONOLINE G60 S™ Ultrasound Systems.

The G60S ultrasound system has been designed to conform to the following *product safety standards*:

- UL 2601-1, Safety Requirements for Medical Equipment
- CSA C22.2 No. 601-1, Safety Requirements for Medical Equipment
- AIUM/NEMA UD-2, 1998, Acoustic Output Measurement Standard for Diagnostic Ultrasound
- AIUM/NEMA UD-3, 1998, Standard for Real Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment
- 93/42/EEC Medical Device Directive
- Safety and EMC Requirements for Medical Equipment
- EN 60601-1
  - EN 60601-1-1
  - EN 60601-1-2
- IEC 1157 Declaration of Acoustic Power
- ISO 10993 Biocompatibility
- The system's acoustic output is in accordance with ALARA principle (as low as reasonably achievable)

Intended Use:

The SONOLINE G60 S™ ultrasound imaging system is intended for the following applications: Abdominal, Intraoperative, Small Parts, Transcranial, OB/GYN, Cardiac, Transesophageal, Pelvic, Neonatal/Adult Cephalic, Vascular, Musculoskeletal, Superficial Musculoskeletal, and Peripheral Vascular applications.

The system also provides for the measurement of anatomical structures and for analysis packages that provide information that is used for clinical diagnosis purposes.

Technological Comparison to Predicate Device:

The G60S™ is substantially equivalent in its technologies and functionality to the SONOLINE G50™ and SONOLINE G60 S™ Diagnostic Ultrasound Systems that are already cleared under 510(k) premarket notification number K040060.

The G60S functions in the same manner as other diagnostic ultrasound systems, in that they transmit ultrasonic energy into the body *via* a transducer. In the body, acoustic impedance of different tissues reflect different amounts of ultrasound energy back to the transducer, where post-processing of received echoes is performed to generate two-dimensional on-screen images of anatomic structures and fluid flow within the body. Doppler principles are used to process reflected ultrasound energy to display moving blood as a spectrum, or as color-coded two-dimensional images. All predicate devices listed above, allow for specialized measurements of structures and flow, and provide various calculations' functions.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

NOV 23 2005

Ms. Iskra Mrakovic  
Manager, Regulatory Affairs  
Siemens Medical Solutions USA, Inc., Ultrasound Division  
1230 Shorebird Way  
P.O. Box 7393  
MOUNTAIN VIEW CA 94039-7393

Re: K052894

Trade Name: SONOLINE G60 S™ Ultrasound System

Regulation Number: 21 CFR 892.1550; 892.1560; 892.1570

Regulation Name: Ultrasonic pulsed Doppler imaging system; Ultrasonic pulsed echo imaging system;  
Diagnostic ultrasonic transducer

Regulatory Class: II

Product Code: IYN; IYO; ITX

Dated: October 13, 2005

Received: November 14, 2005

Dear Ms. Mrakovic:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the SONOLINE G60 S™ Ultrasound System, as described in your premarket notification:

Transducer Model Number

C5-2; C6-2; C8-5; 5.0C50+; C6-3 3D; EV9-4; Endo-VII; Endo-V 3D; EC9-4; BE9-4; 5.0L45; 7.5L70; LB5-2;  
L10-5; VF13-5; VF13-5SP; 7.5L50I; 7.5L50Q; LAP8-4; P4-2; 5.0P10; MPT7-4; CW2; CW5; P9-4; CH5-2

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This determination of substantial equivalence is granted on the condition that prior to shipping the first device, you submit a postclearance special report. This report should contain complete information, including acoustic output measurements based on production line devices, requested in Appendix G, (enclosed) of the Center's September 30, 1997 "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers." If the special report is incomplete or contains unacceptable values (e.g., acoustic output greater than approved levels), then the 510(k) clearance may not apply to the production units which as a result may be considered adulterated or misbranded.

The special report should reference the manufacturer's 510(k) number. It should be clearly and prominently marked "ADD-TO-FILE" and should be submitted in duplicate to:

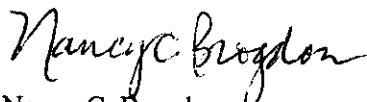
Food and Drug Administration  
Center for Devices and Radiological Health  
Document Mail Center (HFZ-401)  
9200 Corporate Boulevard  
Rockville, Maryland 20850

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>

If you have any questions regarding the content of this letter, please contact Rodrigo C. Perez at (301) 594-1212.

Sincerely yours,



Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal and Radiological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure(s)

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **SONOLINE G60 S™ Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P	P	P	P		BMDC	Note 2,3,4,5
Abdominal		P	P	P	P	P	P		BMDC	Note 2,3,4,5
Intraoperative (Note 6)		P	P	P		P	P		BMDC	Note 3
Intraoperative Neurological		P	P	P		P	P		BMDC	Note 2,3
Pediatric		P	P	P	P	P	P		BMDC	Note 2,3,4,5
Small Organ (Note 1)		P	P	P	P	P	P		BMDC	Note 2,3,4,5
Neonatal Cephalic		P	P	P	P	P	P		BMDC	Note 2,3
Adult Cephalic		P	P	P	P	P	P		BMDC	Note 2
Cardiac		P	P	P	P	P	P		BMDC	Note 2,7
Transesophageal		P	P	P	E	P	P		BMDC	Note 2,3,7
Transrectal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transvaginal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transurethral										
Intravascular										
Peripheral vessel		P	P	P	P	P	P		BMDC	Note 2,3,4,5
Laparoscopic		P	P	P		P	P		BMDC	Note 3
Musculo-skeletal (Conventional)		P	P	P	P	P	P		BMDC	Note 2,3,4,5
Musculo-skeletal (Superficial)		P	P	P	P	P	P		BMDC	Note 2,3,4,5
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancye Brodon*  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number *KAS2894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: C5-2 Convex Array Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

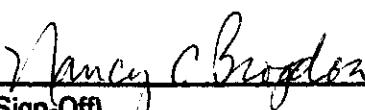
Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3,4,5
Abdominal		P	P	P		P	P		BMDC	Note 2,3,4,5
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3,4,5
Small Organ										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Trans-esophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		P	P	P		P	P		BMDC	Note 2,3,4,5
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (Specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

  
Nancy C. Brugdon  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **C6-2 Convex Array Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3,4,5
Abdominal		P	P	P		P	P		BMDC	Note 2,3,4,5
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3,4,5
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		P	P	P		P	P		BMDC	Note 2,3,4,5
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Jenny C. Braden*  
 \_\_\_\_\_  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **C8-5 Convex Array Transducer for use with:  
SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal	P	P	P		P	P			BMDC	Note 3,4,5
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric	P	P	P		P	P			BMDC	Note 3,4,5
Small Organ (Note 1)	P	P	P		P	P			BMDC	Note 3,4,5
Neonatal Cephalic	P	P	P		P	P			BMDC	Note 3,4,5
Adult Cephalic										
Cardiac	E	E	E		E	E			BMDC	Note 3,4,5,7
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)	P	P	P		P	P			BMDC	Note 3,4,5
Musculo-skeletal (Superficial)	E	E	E		E	E			BMDC	Note 3,4,5
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C Brogdon*  
 \_\_\_\_\_  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **5.0C50+ Convex Array Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: **Ultrasound imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal	P	P	P	P	P	P	P		BMDC	Note 3,4,5
Abdominal	P	P	P	P	P	P	P		BMDC	Note 3,4,5
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric	P	P	P	P	P	P	P		BMDC	Note 3,4,5
Small Organ (Note 1)	P	P	P	P	P	P	P		BMDC	Note 3,4,5
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	P	P	P	P	P	P	P		BMDC	Note 3,4,5
Laparoscopic										
Musculo-skeletal (Conventional)	E	E	E	E	E	E	E		BMDC	Note 3,4,5
Musculo-skeletal (Superficial)	E	E	E	E	E	E	E		BMDC	Note 3,4,5
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancy C. Brogdon  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **C6-3 3D Mechanically Driven 3D Convex Array Transducer for use with:  
SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3,4,5
Abdominal		P	P	P		P	P		BMDC	Note 2,3,4,5
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3,4,5
Small Organ (Note 1)										
Neonatal Cephalic	E	E	E			E	E		BMDC	Note 2,3,4,5
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancye Brogdon*  
(Division Sign-Off)  
**Division of Reproductive, Abdominal,  
and Radiological Devices** *K052894*  
**510(k) Number**

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: EV9-4 Convex Array Endovaginal Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3,4,5
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transvaginal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C. Brodman*  
(Division Sign-Off)  
**Division of Reproductive, Abdominal,  
and Radiological Devices**  
510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **Endo-VII Mechanical Sector Endovaginal Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: **Ultrasound imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P						BM	Note 3
Abdominal										
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic		P	P						BM	Note 3
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal		P	P						BM	Note 3
Transvaginal		P	P						BM	Note 3
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
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- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy Crogdon*  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **Endo-V 3D Mechanical Sector Endovaginal Transducer for use with:  
SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P						BM	Note 3
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic		P	P						BM	Note 3
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal		P	P						BM	Note 3
Transvaginal		P	P						BM	Note 3
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

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Note 4 B&W SieScape panoramic imaging

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Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancy C Brodow  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: EC9-4 Convex Array Endovaginal Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3,4,5
Abdominal										
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transvaginal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancy C Brogdon  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: BE9-4 Convex Array Endocavity Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3,4,5
Abdominal										
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transvaginal		P	P	P		P	P		BMDC	Note 2,3,4,5
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancy C. Brogdon  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K05289f

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **5.0L45 Linear Array Transducer for use with:**  
**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal	P	P	P	P	P	P			BMDC	Note 2,3,4,5
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric	P	P	P	P	P	P			BMDC	Note 2,3,4,5
Small Organ (Note 1)	P	P	P	P	P	P			BMDC	Note 2,3,4,5
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	P	P	P	P	P	P			BMDC	Note 2,3,4,5
Laparoscopic										
Musculo-skeletal (Conventional)	P	P	P	P	P	P			BMDC	Note 2,3,4,5
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancye Brogdon  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Endocrine Devices  
CDER, FDA, U.S. Department of Health and Human Services  
X052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **7.5L70 Linear Array Transducer for use with:  
SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									Other (Specify)
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 3,4,5
Small Organ (Note 1)		P	P	P		P	P		BMDC	Note 3,4,5
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	E	E	E			E	E		BMDC	Note 3,4,5
Laparoscopic										
Musculo-skeletal (Conventional)	P	P	P			P	P		BMDC	Note 3,4,5
Musculo-skeletal (Superficial)	P	P	P			P	P		BMDC	Note 3,4,5
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C. Brodow*  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **LB5-2 Linear Array Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 4,5
Abdominal		P	P	P		P	P		BMDC	Note 4,5
Intraoperative Abdominal										
Intraoperative Neurological										
Pediatric										
Small Organ										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancy C. Brogdon  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **L10-5 Linear Array Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									Combined (Specify)	Other (Specify)
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging			
Ophthalmic											
Fetal											
Abdominal	P	P	P		P	P			BMDC	Note 2,3,4,5	
Intraoperative (Note 6)											
Intraoperative Neurological											
Pediatric	P	P	P		P	P			BMDC	Note 2,3,4,5	
Small Organ (Note 1)	P	P	P		P	P			BMDC	Note 2,3,4,5	
Neonatal Cephalic	P	P	P		P	P			BMDC	Note 2,3,4,5	
Adult Cephalic											
Cardiac											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intravascular											
Peripheral vessel	P	P	P		P	P			BMDC	Note 2,3,4,5	
Laparoscopic											
Musculo-skeletal (Conventional)	P	P	P		P	P			BMDC	Note 2,3,4,5	
Musculo-skeletal (Superficial)	P	P	P		P	P			BMDC	Note 2,3,4,5	
Other (specify)											

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C Brogdon*  
(Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: VF13-5 Linear Array Transducer for use with:  
**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric	P	P	P	P	P	P			BMDC	Note 3,4,5
Small Organ (Note 1)	P	P	P	P	P	P			BMDC	Note 3,4,5
Neonatal Cephalic	P	P	P	P	P	P			BMDC	Note 3,4,5
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	P	P	P	P	P	P			BMDC	Note 3,4,5
Laparoscopic										
Musculo-skeletal (Conventional)	P	P	P	P	P	P			BMDC	Note 3,4,5
Musculo-skeletal (Superficial)	P	P	P	P	P	P			BMDC	Note 3,4,5
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C Brodsky*  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: VF13-5SP Linear Array Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)	P	P	P		P	P			BMDC	Note 3,4,5
Intraoperative Neurological	P	P	P		P	P			BMDC	Note 3,4,5
Pediatric	P	P	P		P	P			BMDC	Note 3,4,5
Small Organ (Note 1)	P	P	P		P	P			BMDC	Note 3,4,5
Neonatal Cephalic	P	P	P		P	P			BMDC	Note 3,4,5
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	P	P	P		P	P			BMDC	Note 3,4,5
Laparoscopic										
Musculo-skeletal Conventional	P	P	P		P	P			BMDC	Note 3,4,5
Musculo-skeletal Superficial	P	P	P		P	P			BMDC	Note 3,4,5
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C. Brogdon*  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number *K05289*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **7.5L50I Linear Array Transducer for use with:  
SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal	P	P	P			P	P		BMDC	Note 3,4,5
Intraoperative (Note 6)	P	P	P			P	P		BMDC	Note 3,4,5
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)	P	P	P			P	P		BMDC	Note 3,4,5
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	P	P	P			P	P		BMDC	Note 3,4,5
Laparoscopic										
Musculo-skeletal Conventional	P	P	P			P	P		BMDC	Note 3,4,5
Musculo-skeletal Superficial										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancy C Bragdon  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **7.5L50Q Linear Array Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal	P	P	P			P	P		BMDC	Note 3,4,5
Intraoperative (Note 6)	P	P	P			P	P		BMDC	Note 3,4,5
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)	P	P	P			P	P		BMDC	Note 3,4,5
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	P	P	P			P	P		BMDC	Note 3,4,5
Laparoscopic										
Musculo-skeletal (Conventional)	P	P	P			P	P		BMDC	Note 3,4,5
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

Nancy C Brogdon  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: LAP8-4 Laparoscopic Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)		P	P	P		P	P		BMDC	Note 3,4,5
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic		P	P	P		P	P		BMDC	Note 3,4,5
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C Brogdon*  
(Division Sign-Off)

Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: P4-2 Phased Sector Array Transducer for use with:  
**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P	P	P	P		BMDC	
Abdominal		P	P	P	P	P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P	P	P	P		BMDC	
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic		P	P	P	P	P	P		BMDC	Note 2,3
Cardiac		P	P	P	P	P	P		BMDC	Note 2,3,7
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C. Brogdon*  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **5.0P10 Phased Sector Array Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal	P	P	P	P	P	P	P		BMDC	Note 2
Abdominal	P	P	P	P	P	P	P		BMDC	Note 2
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric	P	P	P	P	P	P	P		BMDC	Note 2
Small Organ (Note 1)										
Neonatal Cephalic	P	P	P	P	P	P	P		BMDC	Note 2
Adult Cephalic										
Cardiac	P	P	P	P	P	P	P		BMDC	Note 2,7
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancye Brodson*  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **MPT7-4 Phased Sector Array TEE Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: **Ultrasound imaging or fluid flow analysis of the human body as follows:**

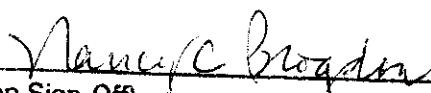
Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal	P	P	P	P	P	P		BMDC	Note 2,3,7	
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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**Concurrence of CDRH, Office of Device Evaluation (ODE)**

Prescription Use (Per 21 CFR 801.109)

  
Nancy C. Brogdon  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K052894

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: CW2 Continuous Wave Doppler Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac						P				
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.
- Note 2 Ensemble tissue harmonic imaging
- Note 3 3D imaging
- Note 4 B&W SieScape panoramic imaging
- Note 5 Power SieScape panoramic imaging
- Note 6 For example: abdominal, vascular
- Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C Brugdon*  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: CW5 Continuous Wave Doppler Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel					P					
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K040060; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancy C. Brogdon*  
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Division of Reproductive, Abdominal,  
and Radiological Devices  
FDA File Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **P9-4 Phased Sector Array Transducer for use with:**

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P	P	P	P		BMDC	Note 2
Abdominal		P	P	P	P	P	P		BMDC	Note 2
Intraoperative (Note 6)										
Intraoperative Neurological	P	P	P			P	P		BMDC	Note 2
Pediatric	P	P	P	P	P	P	P		BMDC	Note 2
Small Organ (Note 1)	P	P	P	P	P	P	P			
Neonatal Cephalic	P	P	P	P	P	P	P		BMDC	Note 2
Adult Cephalic	P	P	P	P	P	P	P			
Cardiac	P	P	P	P	P	P	P		BMDC	Note 2,7
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel	P	P	P	P	P	P	P		BMDC	Note 2
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K050240; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*Nancye Brugdon*  
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Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number *K052894*

## Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: CH5-2 Convex Array Transducer for use with:

**SONOLINE G60 S Ultrasound System**

Intended Use: Ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3
Abdominal		P	P	P		P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		P	P	P		P	P		BMDC	Note 2,3
Laparoscopic										
Musculo-skeletal (Conventional)										
Musculo-skeletal (Superficial)										
Other (specify)										

P = previously cleared by the FDA under # K043016; E = added under Appendix E.

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

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510(k) Number *K052894*